Top 10 FAQs for Fall





- 1. Quarantine & Isolation?
- 2. Testing what test and when?
- 3. Masks who, what, and when?
- 4. Vaccinations what do I do now?
- 5. Travel the safest approach?
- 6. Kids & Youth- what's the latest?
- 7. College Students the unique threats?
- 8. Family Safety Plans updates?
- 9. How do I deal with Emergencies?
- 10. Trusted Information Who do I trust?





Welcome

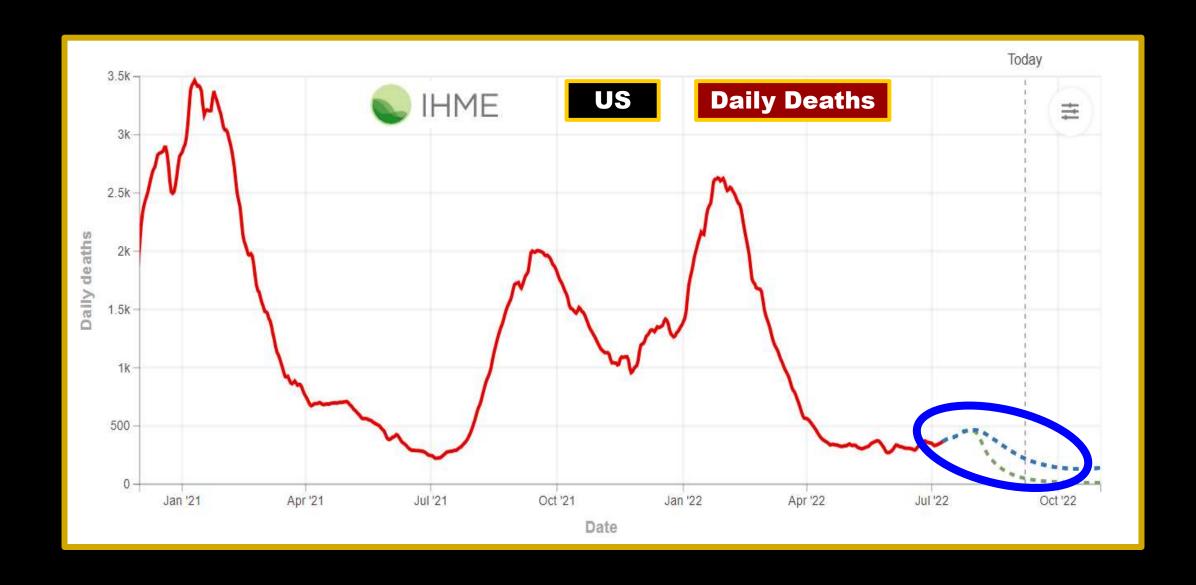


Charles Denham, MD

Chairman, TMIT Global Founder Med Tac Bystander Rescue Care

Med Tac Bystander Rescue Care September 8, 2022

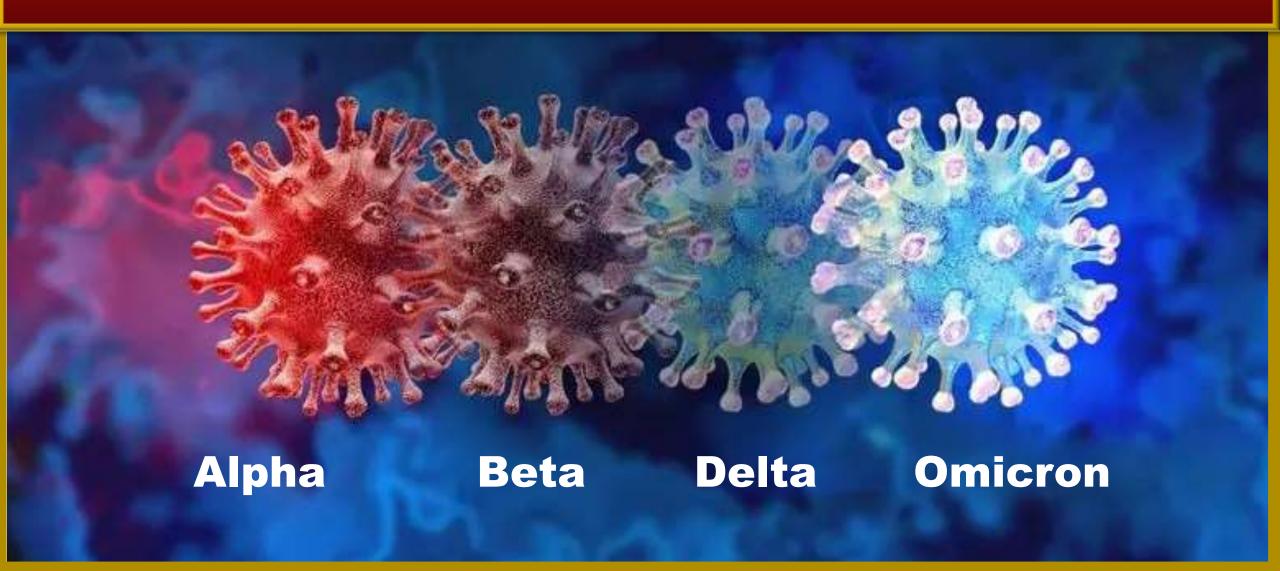
CareUniversity Webinar 193

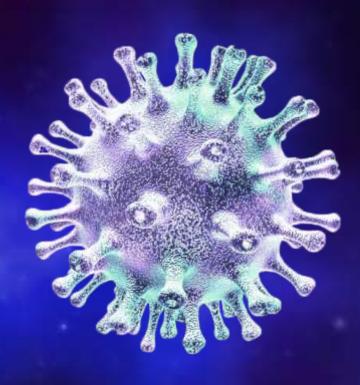




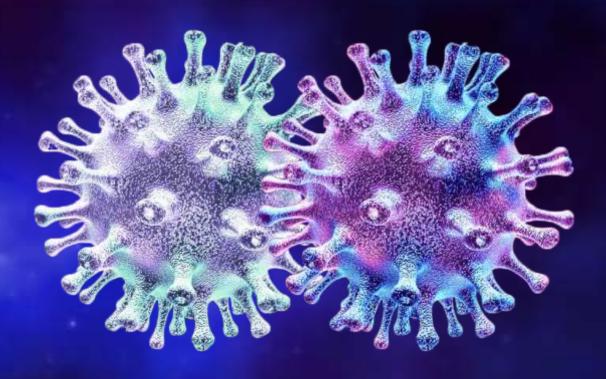


Coronavirus: Not Done Yet!

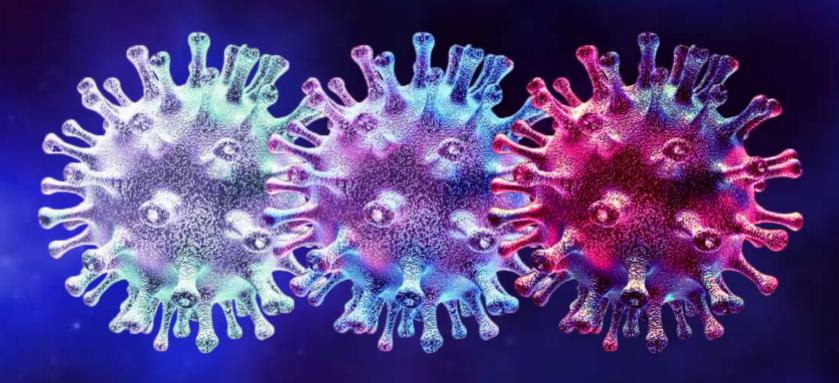




Alpha



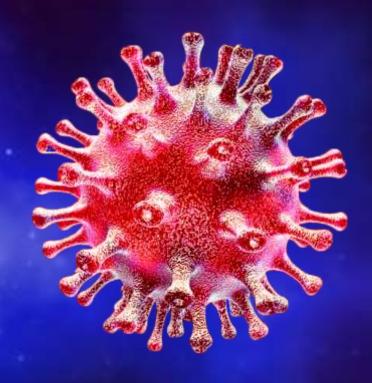
Alpha Beta



Alpha Beta Delta



Alpha Beta Delta Omicron



Omicron

Omicron BA-5 Subvariant

- Evasion of Natural Immunity
- Evasion of Vaccine Immunity
- The Vaccinated may get mild infections
- The Vaccinated get less severe disease with less mortality
- Even Mild Infections can cause Long COVID conditions

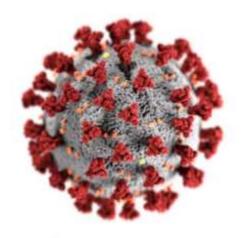


Voice of the Patient



Jennifer Dingman

Founder, Persons United Limiting Substandard and Errors in Healthcare (PULSE), Colorado Division Co-founder, PULSE American Division TMIT Patient Advocate Team Member Pueblo, CO



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CareUniversity Series

Speakers & Reactors



Jennifer Dingman



Bill Adcox



Dr. Gregory Botz



Dr. Christopher Peabody



Charlie Denham III



Jennifer Dingman



Randy Styner



Heather Foster RN



David Beshk



Dr. Charles Denham

Our Purpose, Mission, and Values



Our Purpose:

We will measure our success by how we protect and enrich the lives of families...patients **AND** caregivers.

EMERGING THREATS
COMMUNITY OF PRACTICE

Our Mission:

To accelerate performance solutions that save lives, save money, and create value in the communities we serve and ventures we undertake.

CAREUNIVERSITY®

Our ICARE Values:

Integrity, Compassion, Accountability, Reliability, and Entrepreneurship.



CareUniversity Series

Disclosure Statement

The following panelists certify that unless otherwise noted below, each presenter provided full disclosure information; does not intend to discuss an unapproved/investigative use of a commercial product/device; and has no significant financial relationship(s) to disclose. If unapproved uses of products are discussed, presenters are expected to disclose this to participants. None of the participants have any relationship pharmaceutical or device companies discussed in their presentations. The funding of the program is from the Denham Family fund of TMIT Global, a 501c3 Medical Research Organization

- Dr. Gregory Botz has nothing to disclose.
- Chief William Adcox has nothing to disclose.
- David Beshk has nothing to disclose.
- Charlie Denham III has nothing to disclose.
- Heather Foster RN has nothing to disclose.
- Christopher Peabody MD MPQ has nothing to disclose.
- Randy Styner has nothing to disclose.
- Jennifer Dingman has nothing to disclose.
- Dr Charles Denham has nothing to disclose.

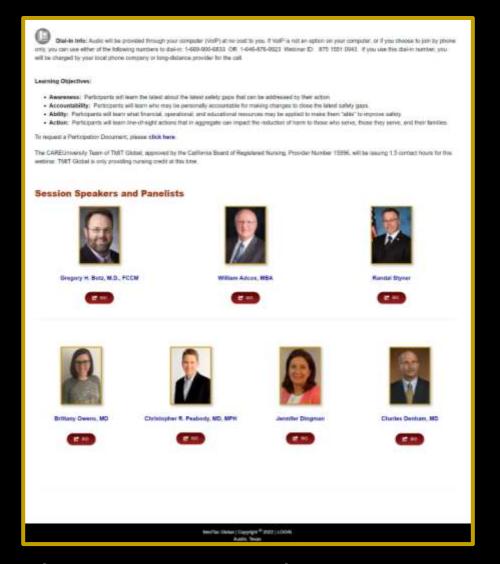
Charles Denham, MD, is the Chairman of TMIT Global; a former TMIT education grantee of CareFusion and AORN with co-production by Discovery Channel for *Chasing Zero* documentary and Toolbox including models; and an education grantee of GE with co-production by Discovery Channel for *Surfing the Healthcare Tsunami* documentary and Toolbox, including models. HCC is a former contractor for GE and CareFusion, and a former contractor with Siemens and Nanosonics, which produces a sterilization device, Trophon. HCC is a former contractor with Senior Care Centers. HCC is a former contractor for ByoPlanet, a producer of sanitation devices for multiple industries. He does not currently work with any pharmaceutical or device company. His current area of research is in threat management to institutions including conflict of interest, healthcare fraud, and continuing professional education and consumer education including bystander care. Dr. Denham is the developer and producer of CareUniversity™, the learning management system providing continuing education materials for TMIT Global.



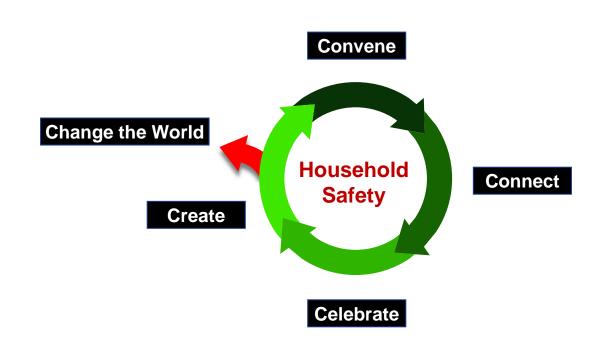


Bystander Rescue Care CareUniversity Series





2022 Q3 Progress Report







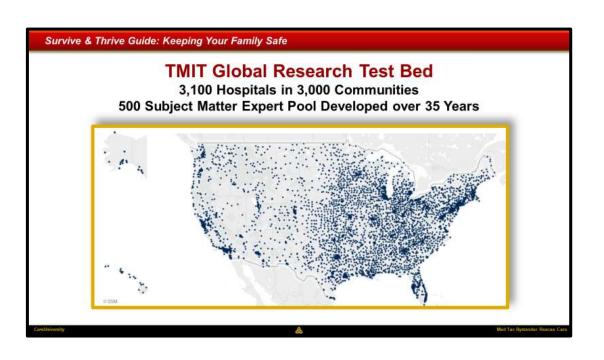
2022 Q3 Progress Report





www.medtacglobal.org/coronavirus-response/

TMIT Global Research Test Bed & 500 Subject Matter Expert Pool





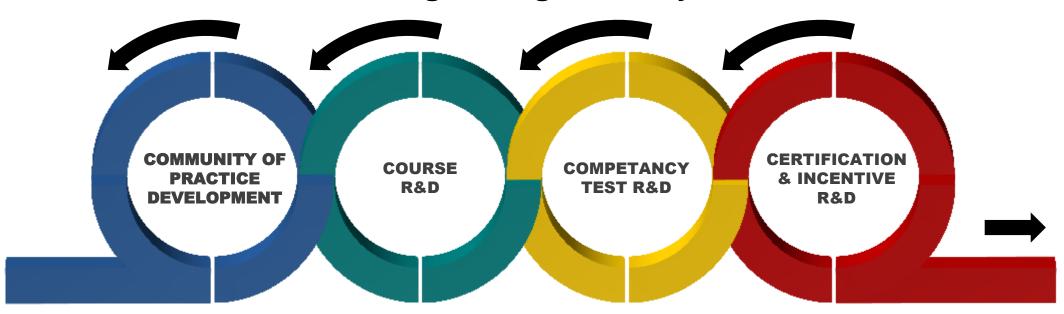
CareUniversity®







Learning Management System





CareUniversity Series







Dr. Gregory Botz



Chief William Adcox



Heather Foster



Dr. Charles Denham



Dr. Casey Clements



Beth Ullem



Dr. McDowell



Dennis Quaid Preston Head III



Fred Haise



Dr. Steve Swensen



Tyler Sant



Avarie Pettit



Dr. Mary Foley



Bob Chapman



Perry Bechtle III



Becky Martins



Betsy Denham



Charlie Denham III



Dr. C Peabody



Dr. Chris Fox



Randy Styner



Tom Renner



David Beshk



Ann Rhoades



Nancy Conrad



Dr. Chopra



John Little



Debbie Medina



CareUniversity Series







John Tomlinson



Dan Ford



Arlene Salamendra



Jennifer Dingman



Bill George



Penny George



Hilary Schmidt PhD



Paul Bhatia EMT



Dr. McDowell

Contributions Through Segments of our *Discovery Channel* Documentaries



Prof Christensen



Jim Collins



C Sullenberger



Charlotte Guglielmi



Dr. Don Berwick



Dr. Howard Koh



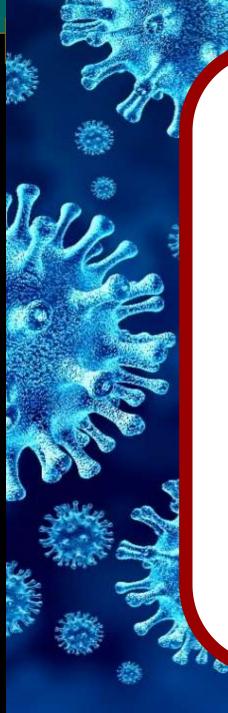
Dr. Jim Bagian



Dr. Harvey Fineberg







Coronavirus Care Results

- Established National Community of Practice
- Launched Multi-center 1,000 Family Household R&D Study
- 55 Ninety Minute Broadcasts and Online Programs
- 30 Survive & Thrive Family Training Programs
- Produced a National Campus Safety Summit
- Published Multiple Articles Providing Guidance
- Established Student Led College & Alumni Programs
- Delivered Free Continuing Education for Caregivers
- Short Videos for Mobile Viewing
- Rapid Response to Family Gatherings
- National Vaccine Hesitancy Student Outreach
- Smart Phone Mobile Applications

Survive &Thrive Guide Program Road Map







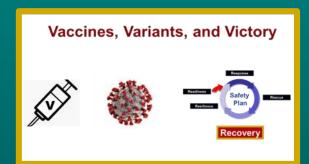


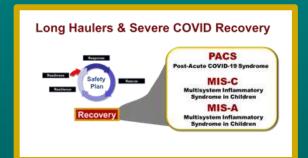










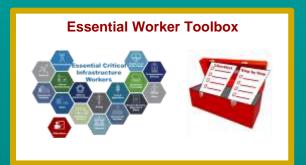






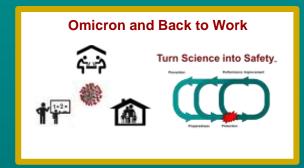
Survive &Thrive Guide Program Road Map



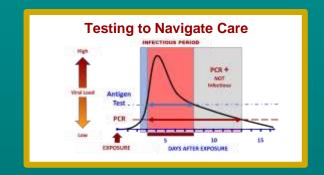




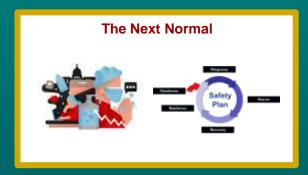


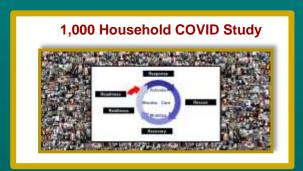


















CareUniversity Series

Youth & Young Adult Team



D Contreras EMT Harvard



Ivy Tran EMT Harvard



Nick Scheel UCSB



Sophia McDowell
California Inst. of Arts



Audrey Lam EMT USC



Jacqueline Botz Chapman



Luis Licon UCI Alum



Melanie Rubalcava UCSD



Charlie Denham III High School Lead



Charlie Beall Stanford Alum



Marcus McDowell
U of Cincinnati



Jaime Yrastorza UCSD Pre-med



Paul Bhatia EMT UCI Pre-med



D Policichio NYU Film



Manue Lopez Berkeley Alum



Preston Head III UCLA Alum





Family Rescue R&D







Stanford University











The 5 R's of Safety

Recovery





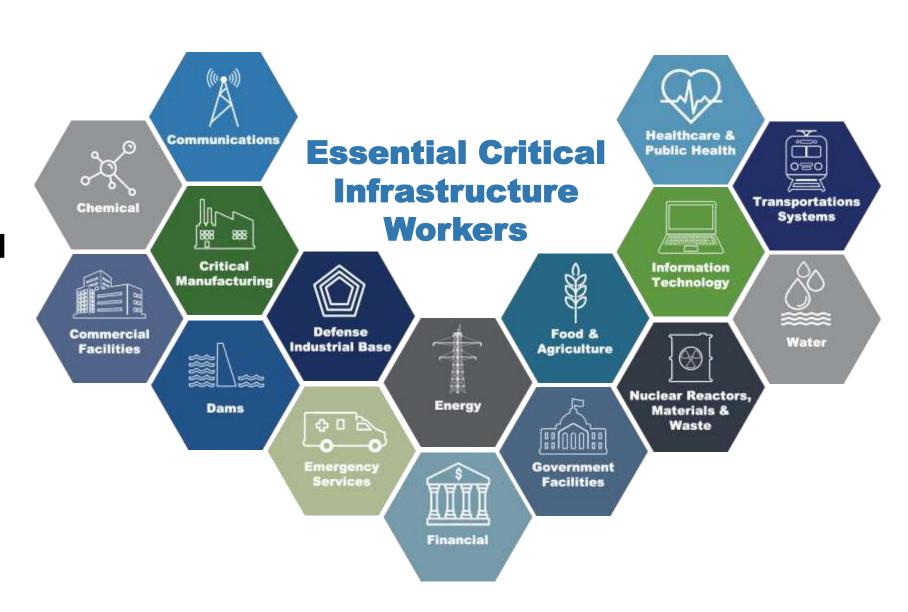




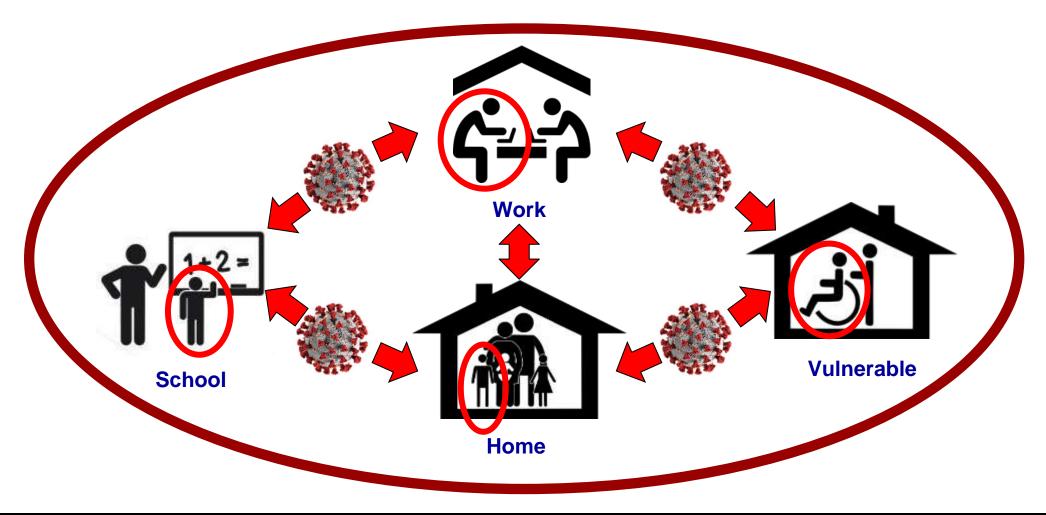


Educators Declared Essential Critical Infrastructure Workers





Save the Families... You Save the Worker





Monthly Webinars every first Thursday of the month at 1PM ET (Noon Central and 10AM PT). Free, video, and resources posted.



SHORT TOPIC:

- Short Videos 4-10 min
- Critical Information
- Hits Pillars of Prevention



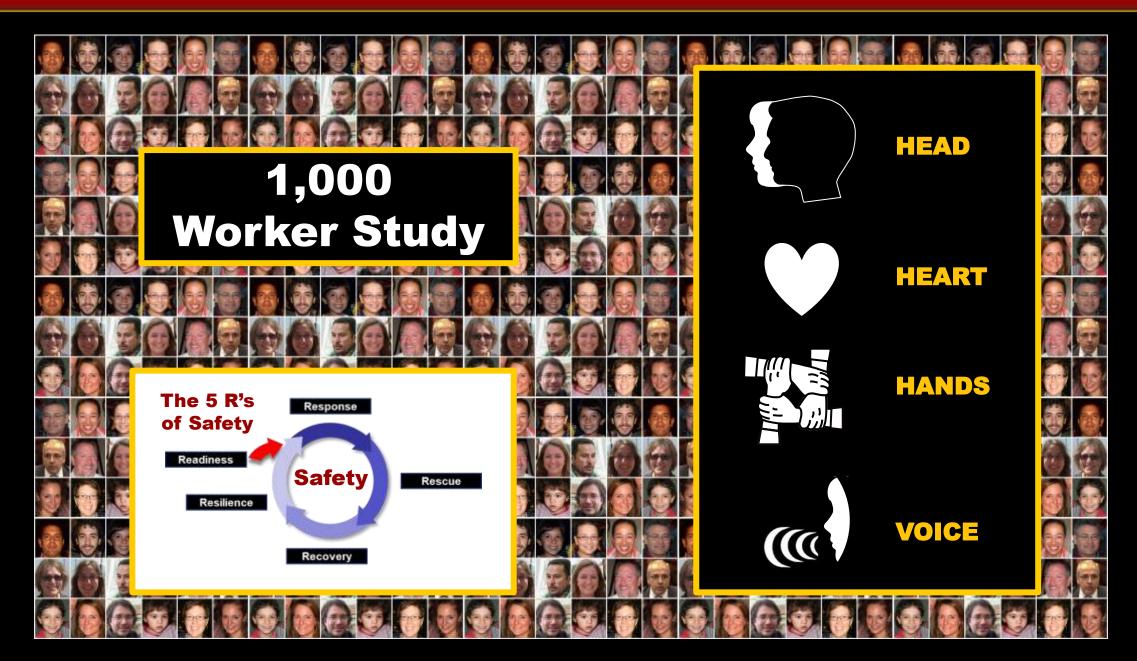
SURVIVE & THRIVE 90 MINUTE COURSES:

- · Longer more detailed
- Webinar Recordings
- Technical Information

Related Resources

MED + TAC
GLOBAL
Resources

Care of the At Risk & Seniors at Home









News & Perspective

Infectious Disease Topics

Antimicrobial Stewards

TRENDING TOPICS

COVID-19

Monkeypox Antimicrobial Stewardship

Chronic W



COVID-19 Podcasts

The Osterholm Update: COVID-19 podcast began in March 2020. Each episode features discussion and analysis on the latest COVID-19 developments by Dr. Michael Osterholm and host Chris Dall.

CIDRAP and Osterholm Update: COVID-19 podcast merchandise is now available for purchase.

Please note that gifts from listeners like you enable CIDRAP to continue produce, host, and share the podcast on our site and across multiple platforms. Thank you for your financial suppport!

The Osterholm Update: COVID-19

- Episode 112: A Reason for Hope (September 1, 2022)
- Episode 111: A High Plain Plateau (August 18, 2022)
- Episode 110: A COVID Marathon (August 4, 2022)
- Episode 109: Rejecting the Status Quo (July 21, 2022)
- Enjsode 108: Living with COVID (July 8, 2022)



- CIDRAP Take
- COVID-19 Information
- Other News Resources
- Bibliography
- Higher Education
- Supply Chain Issues
- COVID-19 & Co-infections
- Podcasts
- Maps & Visuals

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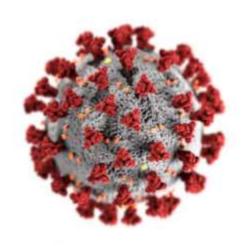


The Next Normal: Left of Boom & 4P's



William Adcox MBA

Chief Security Officer and Vice President MD Anderson Cancer Center Chief of Police, University of Texas at Houston Med Tac Lead Threat Safety Scientist



What is the State of Our Safety Net?

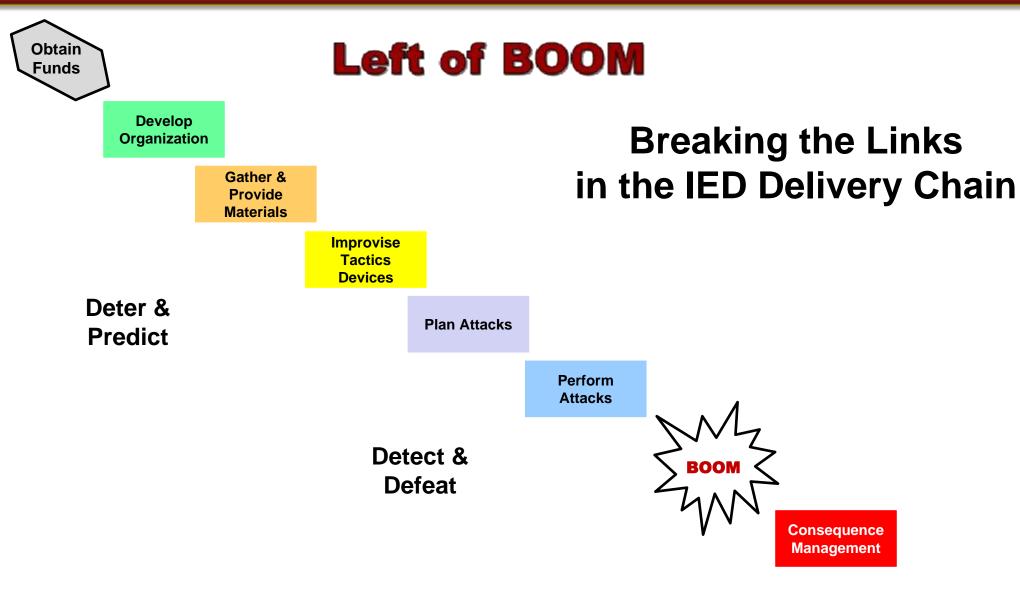


What is the State of Our Safety Net?





Family Lifeguard



Mitigate

The 4 P's to Address Emerging Threats



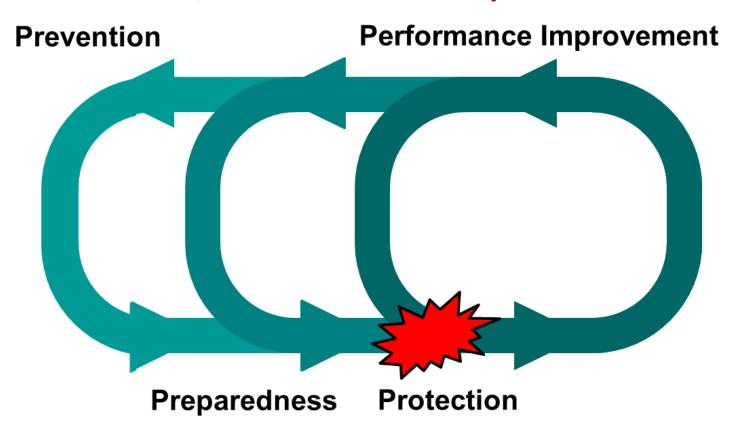
EMERGING THREATS
COMMUNITY OF PRACTICE



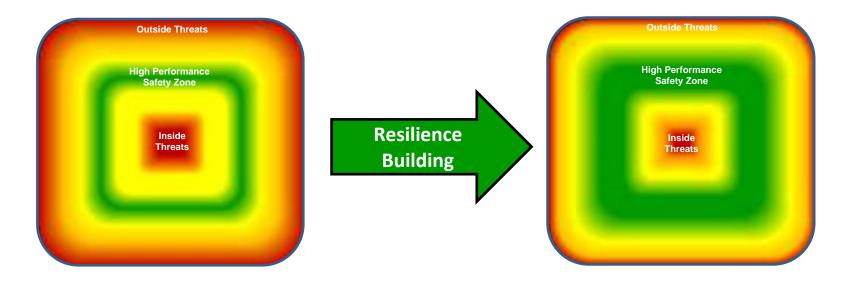
SAFETYLEADERS®

CAREUNIVERSITY®

The 4 P's: Prevention, Preparedness, Protection, and Performance Improvement



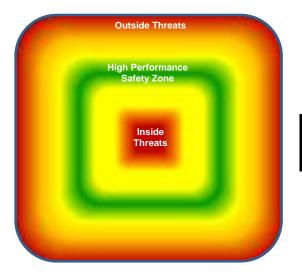
Inside & Outside Threats and Resilience Building

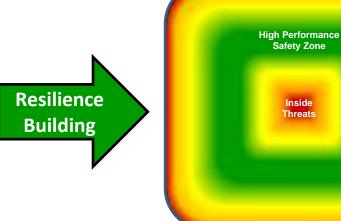




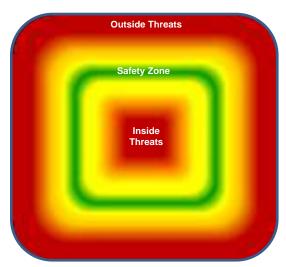
Inside & Outside Threats and Resilience Building

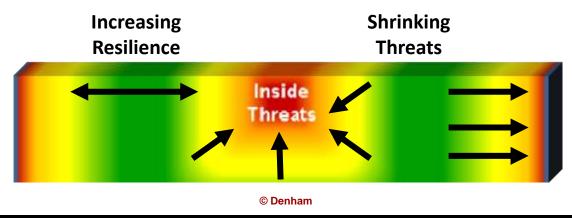
Outside Threats



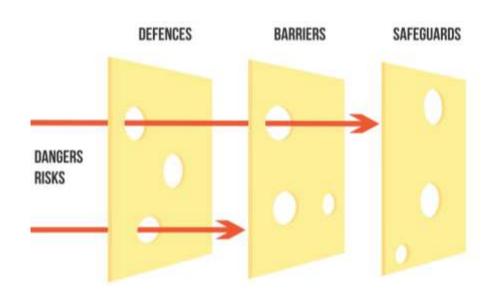


Staffing
Shortage
& COVID





SWISS Cheese Model





Professor James Reason

Source: https://www.youtube.com/watch?v=KND5py-z8yl

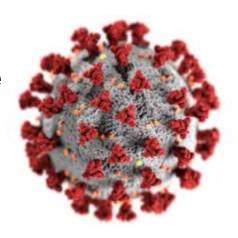


Comments on Swiss Cheese Model

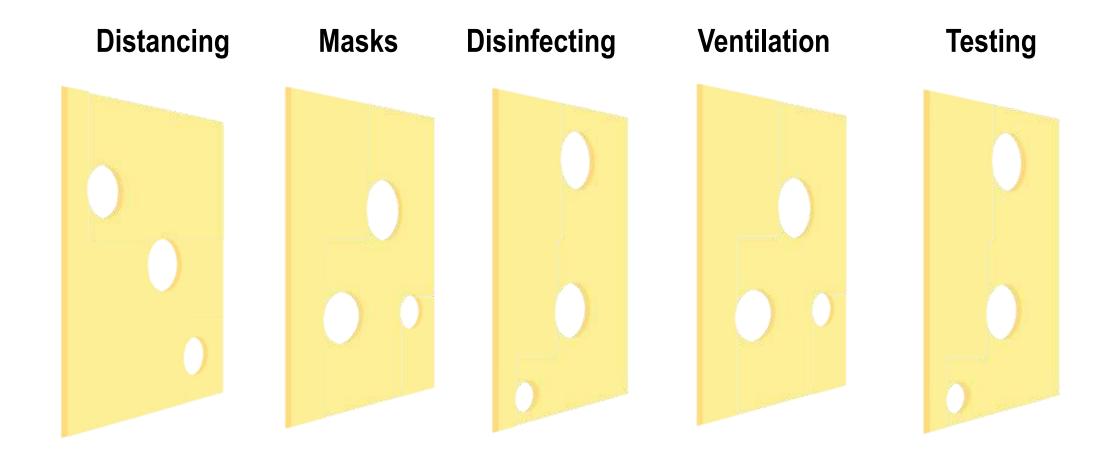


Gregory H. Botz, MD, FCCM

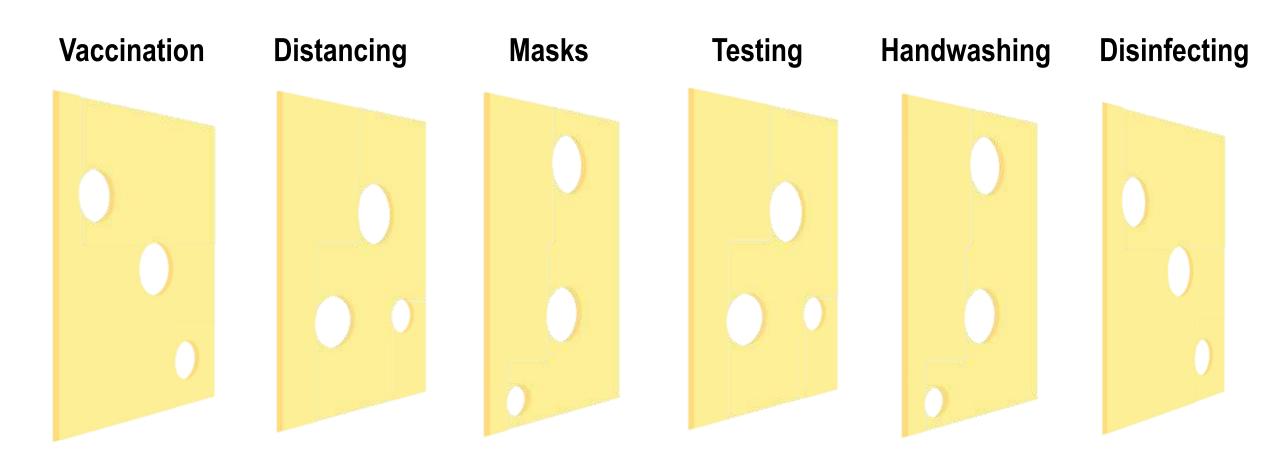
Professor of Anesthesiology and Critical Care UT MD Anderson Cancer Center, Houston, TX Adjunct Clinical Professor, Department of Anesthesiology Stanford University School of Medicine, Stanford, CA



Original COVID Defense Strategies were Layers



Latest COVID Defense Strategies Add Layers





Original Safe Practices



Social Distancing



Use of Masks



Hand Washing



Disinfecting Surfaces

SOURCE: Centers for Disease Control



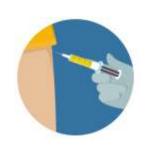
Current Safe Practices



Social Distancing



Use of Masks



Vaccination



Hand Washing



Disinfecting Surfaces



Testing



Quarantine



Isolation

SOURCE: Adapted from the Centers for Disease Control and Enhanced by TMIT

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Quarantine versus Isolation



ISOLATION

QUARANTINE

keeps someone who was in close contact with someone who has COVID-19 away from others.

DO NOT ENTER



QUARANTINE

Keeps someone who was in close contact with someone who has COVID-19 away from others.

Quarantine if you have been in close contact with someone who has COVID-19, unless you have been fully vaccinated and had the booster.

Quarantine versus Isolation









Isolation

If you test positive for COVID-19, stay home for at least 5 days and isolate from others in your home.

You are likely most infectious during these first 5 days.

- Wear a high-quality mask if you must be around others at home and in public.
- Do not go places where you are unable to wear a mask. For travel guidance, see CDC's <u>Travel webpage</u>.
- Do not travel.
- Stay home and separate from others as much as possible.
- Use a separate bathroom, if possible.
- Take steps to <u>improve ventilation</u> at home, if possible.
- Don't share personal household items, like cups, towels, and utensils.
- Monitor your <u>symptoms</u>. If you have an <u>emergency warning sign</u> (like trouble breathing), seek emergency medical care immediately.
- Learn more about what to do if you have COVID-19.







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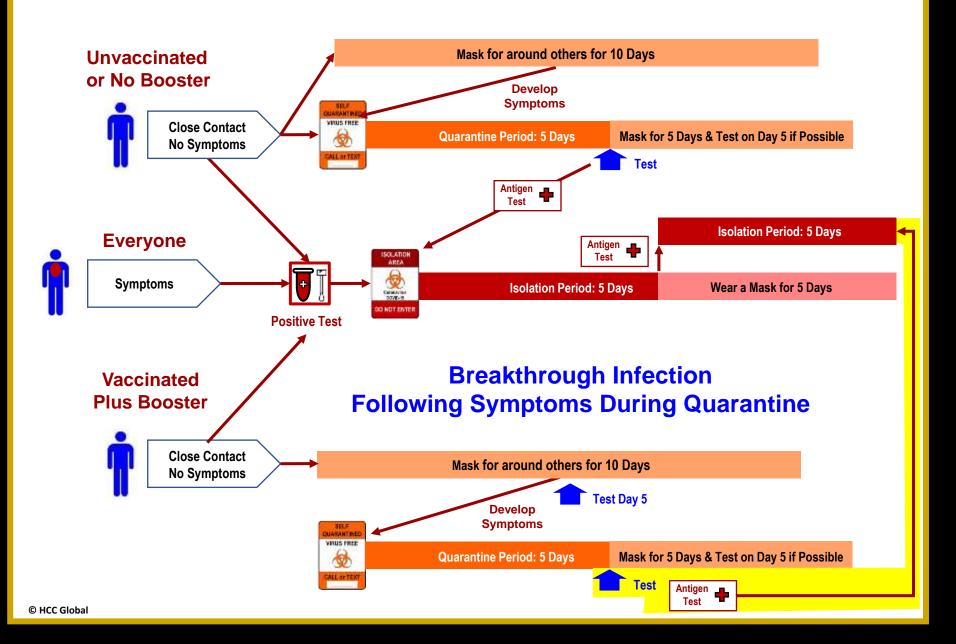


ISOLATION

Keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.

People who are in isolation should stay home and stay in a specific "sick room" or area and use a separate bathroom (if available).

CDC CDC Guideline Summary





CDC streamlines COVID-19 guidance to help the public better protect themselves and understand their risk

Press Release

Embargoed Until: Thursday, August 11, 2022, 3:00 PM ET

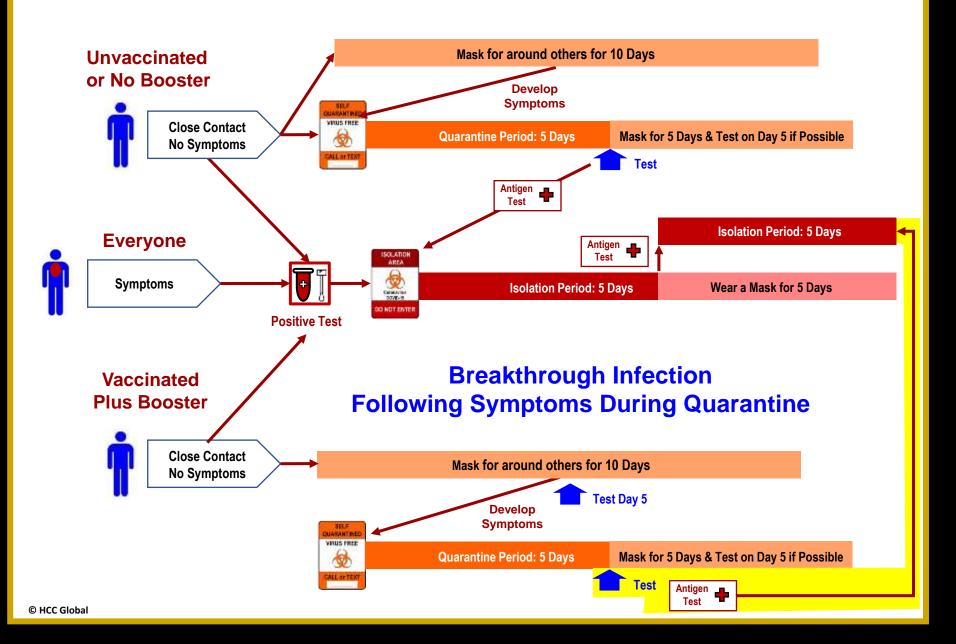
Contact: Media Relations

(404) 639-3286

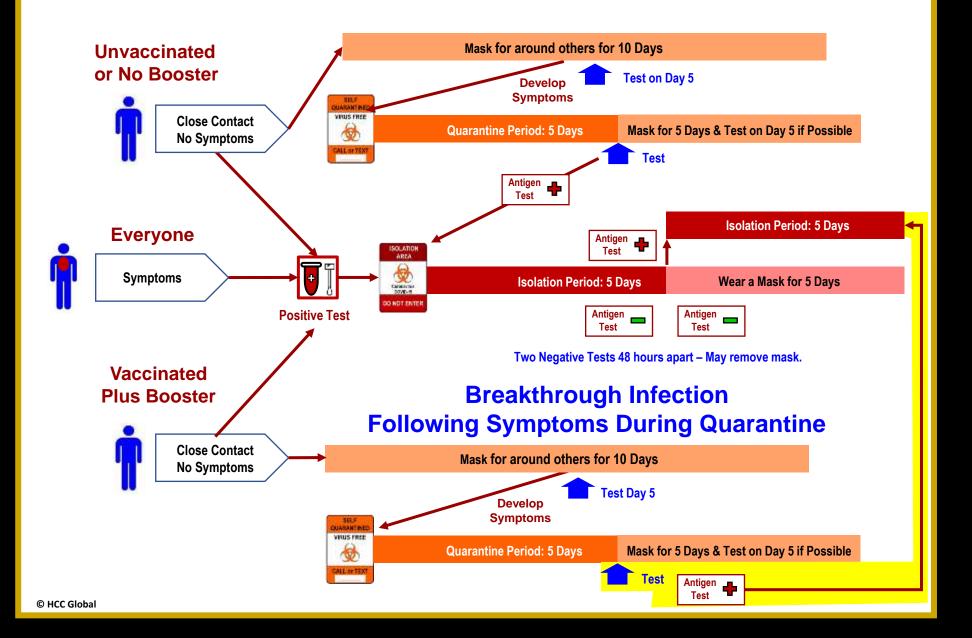
Today, CDC is streamlining its COVID-19 guidance to help people better understand their risk, how to protect themselves and others, what actions to take if exposed to COVID-19, and what actions to take if they are sick or test positive for the virus. COVID-19 continues to circulate globally, however, with so many tools available to us for reducing COVID-19 severity, there is significantly less risk of severe illness, hospitalization and death compared to earlier in the

Source: https://www.cdc.gov/media/releases/2022/p0811-covid-guidance.html

CDC CDC Guideline Summary



CDC CDC Guideline Summary



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The Right Test at the Right Time

















Interpreting Your Results



If Your COVID-19 Test is

Positive

Any positive COVID-19 test means the virus was detected and you have an infection.

- Isolate and take precautions including wearing a high-quality mask to protect others from getting infected.
- Tell people you had recent contact with that they <u>may have been exposed</u>.
- Monitor your <u>symptoms</u>. If you have any <u>emergency warning signs</u>, seek emergency care immediately.
- Consider contacting a healthcare provider, <u>community health center</u> . or pharmacy to learn about <u>treatment options</u> that may be available to you. Treatment must be started within several days after you first develop symptoms to be effective.
 - You are more likely to get very sick if you are an older adult or have an underlying medical condition. <u>Possible treatment</u> may be available for you.

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html





If Your COVID-19 Test is

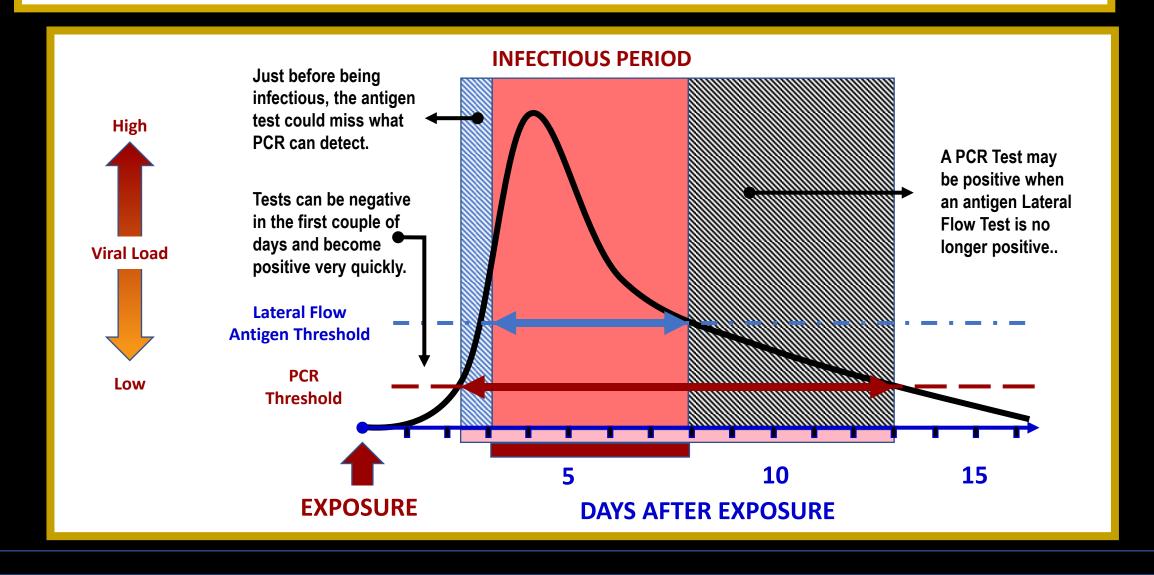
Negative

A negative COVID-19 test means the test did not detect the virus, but this **doesn't rule out that you could** have an infection. If you used an antigen test, see <u>FDA instructions on repeat testing</u> .

- If you have symptoms:
 - You may have COVID-19, but tested before the virus was detectable, or you may have another illness.
 - Take general public health precautions to prevent spreading an illness to others.
 - Contact a healthcare provider if you have any questions about your test result or if your symptoms worsen.
- If you do not have symptoms, but were exposed to the virus that causes COVID-19, you should continue to take recommended steps after exposure.
- If you do not have symptoms and you have not been exposed to the virus that causes COVID-19, you
 may return to normal activities.
 - Continue to take steps to <u>protect yourself and others</u>, including monitoring for symptoms. Get tested again if symptoms appear.

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html

The WHO, WHAT, WHEN, and HOW to TEST



Most Important Tests: PCR & Rapid Antigen

RT-PCR



Rapid Antigen



Pros and Cons of Tests

PCR



- Gold Standard for Diagnosis
- Detects Virus Before Infectious
- Detects Virus Debris after Infectious
- Tie Breaker if Antigen Tests Unclear

Rapid Antigen



- Inexpensive
- Can be done At Home
- Positive when Infectious
- Risk of False Negative Result

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Why Mask...Vaccinated or Not?

- Can I CATCH it?
- Can I SPREAD it?
- Can I GET SICK NOW?
- Can I GET LONG HAUL?

Why Mask?

| Vaccination Status | CATCH it? | SPREAD It? | GET SICK NOW? | GET LONG HAUL? |
|-----------------------|-----------|------------|---------------|-------------------|
| Unvaccinated | Yes | Yes | Yes | Yes |
| Vaccinated | Yes | Yes | Yes | Yes |
| Youth 12-17 | Yes | Yes | Yes | Yes |
| Children Ages 2-12 | Yes | Yes | Yes | Yes |

Masks: Filter, Fit, and Finish



N95 Mask

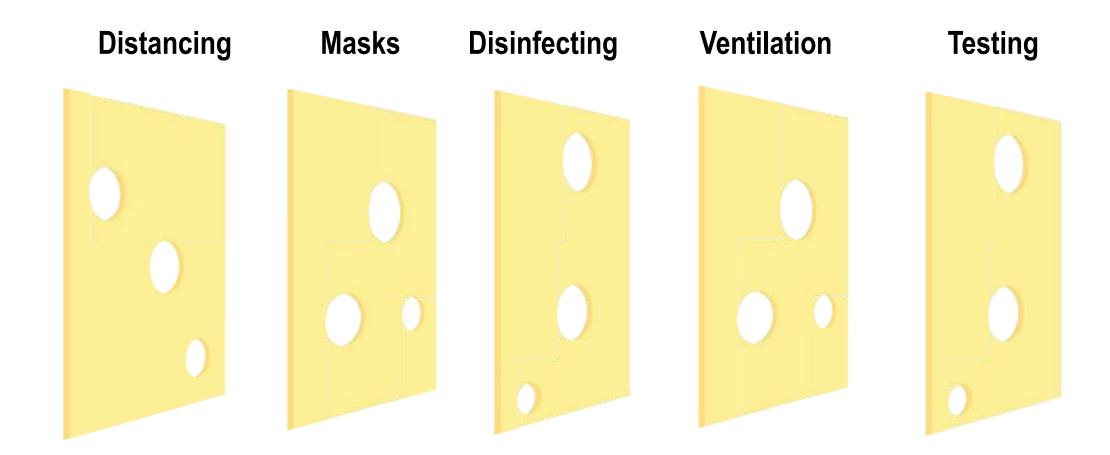


Surgical Mask



Cloth Mask

COVID Defense Strategies are Layers



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AMA COVID-19 Update



CDC on COVID Booster Doses



Emergency Preparedness and Response

Overview

During this COCA Call, presenters will discuss CDC's new guidance on bivalent COVID-19 booster doses for people ages 12 years and older, including those who are moderately or severely immunocompromised. COVID-19 vaccination provides protection against serious illness and outcomes associated with COVID-19, including emergency department or urgent care visits, hospitalizations, and death. Updated COVID-19 vaccines add an Omicron BA.4/5 spike protein component to the previous monovalent composition. These bivalent booster doses help restore protection that has waned since previous vaccination by targeting more transmissible and immune-evading variants. These boosters also broaden the spectrum of variants that the immune system is ready to respond to.

Recommendations for Bivalent COVID-19 Booster Doses in People Ages 12 Years and Older

Overview

During this COCA Call, presenters will discuss CDC's new guidance on bivalent COVID-19 booster doses for people ages 12 years and older, including those who are moderately or severely immunocompromised. COVID-19 vaccination provides protection against serious illness and outcomes associated with COVID-19, including emergency department or urgent care visits, hospitalizations, and death. Updated COVID-19 vaccines add an Omicron BA.4/5 spike protein component to the previous monovalent composition. These bivalent booster doses help restore protection that has waned since previous vaccination by targeting more transmissible and immune-evading variants. These boosters also broaden the spectrum of variants that the immune system is ready to respond to.

Presenters

Sara Oliver, MD, MSPH

CDR, U.S. Public Health Service Lead, COVID-19 Coordinating Unit COVID-19 Response Centers for Disease Control and Prevention

Elisha Hall, PhD, RD

Lead, Clinical Guidelines Vaccine Policy Unit COVID-19 Response Centers for Disease Control and Prevention

Evelyn Twentyman, MD, MPH

Lead, COVID-19 Vaccine Policy Unit COVID-19 Response Centers for Disease Control and Prevention

Anne M. Hause, PhD, MSPH

v-safe Team Co-lead, Immunization Safety Office National Center for Emerging and Zoonotic Infectious Diseases Centers for Disease Control and Prevention

Call Details

When:

Tuesday, September 13, 2022, 2:00 PM = 3:00 PM ET

Webinar Link:

https://www.zoomgov.com/j/1619 923732 [4]

Webinar ID: 161 992 3732

Passcode: 302404

Telephone:

US: +1 669 254 5252 or +1 646 828 7666 or +1 551 285 1373 or +1 669 216 1590

International numbers 13

One-tap mobile:

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+16692545252,,1619923732#,,,*3 02404# or +16468287666,,1619923732#,,,*3

2404#

Add to Calendar

Top 10 FAQs for Fall of 2022



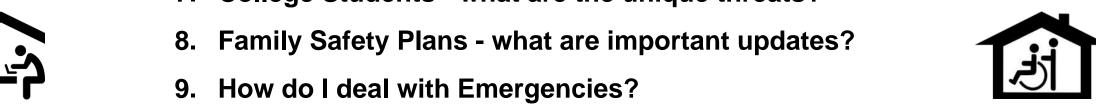


- Testing what test and when?
- 3. Masks who, what, and when do I use them
- Vaccinations what do I do now?



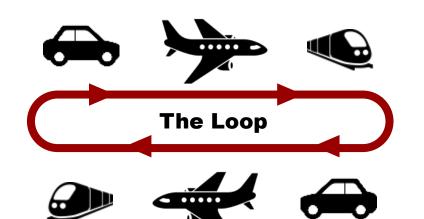
- Kids & Youth- what's the latest?
- College Students what are the unique threats?





Test to Travel Safer







- Assess Threats, Vulnerabilities and Risks
- Test Before Departure
- Maintain Safe Practices in Cars
- Practice Airport & Boarding Safety
- Practice Enroute Safety

- Repeat Airport Safety Practices
- Repeat Safe Practices in Cars
- Test Before Meeting
- Repeat Processes Going Home
- Test Upon Return Home

Save the Family...and You Save the Worker

Top 10 FAQs for Fall of 2022



- 1. Quarantine & Isolation what's the latest?
- 2. Testing what test and when?
- 3. Masks who, what, and when do I use them
- 4. Vaccinations what do I do now?
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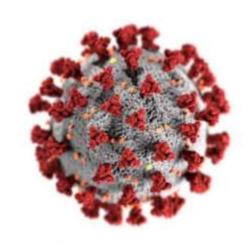


A 2022 Pediatric Update



Dr. Britteny Barto-Owens

Community Pediatrician
Med Tac Advisor
Coronavirus Community of Practice







Family Lifeguard Update for Fall of 2022



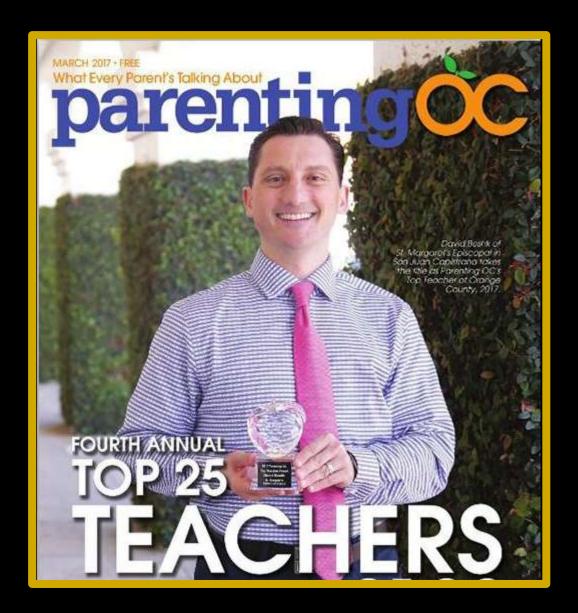
David Beshk

Award Winning Educator
Med Tac Master Instructor
Eagle Scout Advisor
Merit Badge Counselor



Charles R. Denham III

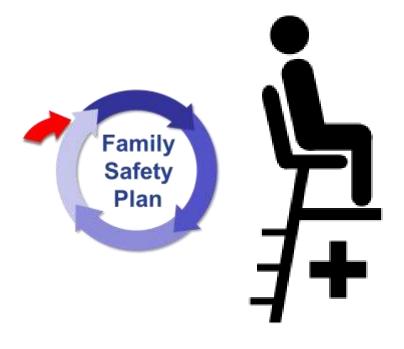
High School Student
Co-founder Med Tac Bystander
Rescue Care Program
Co-lead Lifeguard Surf Program
Junior Med Tac Instructor
Certified Lifeguard





Be Your Family Lifeguard

90% Prevention and 10% Rescue



Family Huddle Checklist The Goal - Prevent Bubble Trouble

Maintain the Four Pillars: Distance, Mask Use, Hand Hygiene, and Disinfect Surfaces.

Before Event:

- □ Consider Rapid Antigen Testing
- ☐ Identify how to Optimize Ventilation
- ☐ Determine how to protect At-Risk Members
- ☐ Assign Tasks to Family Members
- □ Prepare Separate Family Bubble Portions
- □ Set Up Handwashing Stations
- Develop a Bathroom Plan
- ☐ Prepare Bathroom Optimize Ventilation
- Maintain Kitchen Hygiene

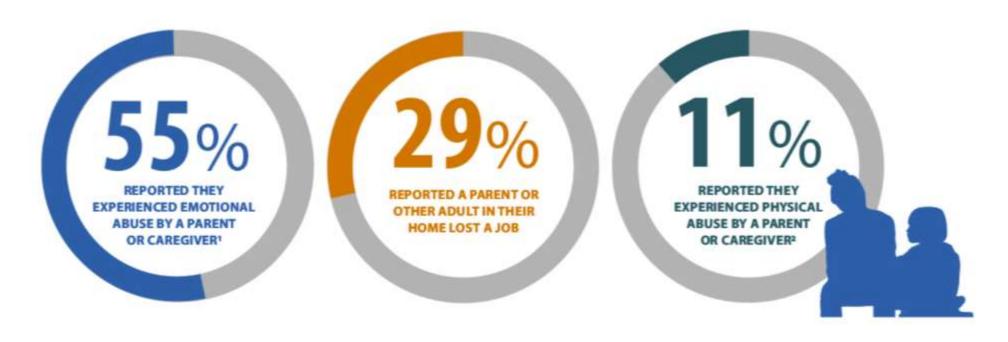
During Event:

- ☐ Convene Holiday Huddle with Guests
- Opening Prayer
- Describe Safe Family Bubbles
- ☐ Review Four Safety Pillars
- ☐ Provide Restroom Plan
- Describe Eating Plan
- □ Summarize Clean Up Plan

After Event:

- ☐ Glove up to Clean Up
- Soak Plates and Cutlery in Soapy Water
- ☐ Wipe down surfaces touched by guests
- ☐ Wipe down bathroom used by guests
- ☐ Meet to de-brief to be safer next time

CDC DATA GIVE MORE INSIGHT INTO SEVERE CHALLENGES U.S. YOUTH HAVE ENCOUNTERED DURING COVID-19



¹ Parent or other adult in the home swearing at, insulting, or putting down the student

For more information, visit cdc.gov/nchhstp/newsroom



² Parent or other adult in the home hitting, beating, kicking or physically hurting the student

Holidays, Spring Break, Ski Week, and Vacations



The Goal - Prevent Bubble Trouble

Maintain the Four Pillars: Distance, Mask Use, Hand Hygiene, and Disinfect Surfaces.

Before Event:

- Consider Rapid Antigen Testing
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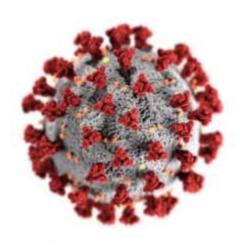


Family Lifeguard Update for 2022



David Beshk

Award Winning Educator Med Tac Master Instructor Eagle Scout Advisor Merit Badge Counselor



What's New for 2022

90% Prevention and 10% Rescue

Community Immunity & Aerosol Transmission



Holiday Huddle Checklist

The Goal - Prevent Bubble Trouble Maintain the Four Pillars: Distance, Hand Hygiene, Disinfect Surfaces, and Mask Use **Before Event: Know Vaccination Status of Guests Know Threat Status of Guests Assign Tasks to Family Members Prepare Separate Family Bubble Portions Set Up Handwashing Stations Develop a Bathroom Plan** Prepare Bathroom – Optimize Ventilation ■ Maintain Kitchen Hygiene **During Event:** □ Convene Holiday Huddle with Guests **Opening Prayer Describe Safe Family Bubbles Review Four Safety Pillars Protect At-risk Guests – Apply the Pillars**

After Event:

Glove up to Clean Up - Optional

Provide Restroom PlanDescribe Eating PlanSummarize Clean Up Plan

- ☐ Soak Plates and Cutlery in Soapy Water
- Wipe down surfaces touched by guests
- Wipe down bathroom used by guests
- ☐ Meet to de-brief to be safer next time



Holiday Huddle Checklist

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|-----|-------------------|--|
| | and the | ne Goal - Prevent Bubble Trouble intain the Four Pillars: Distance, Hand |
| | | 1일(2) 보고 있는 1일 (1) 1일 (1) 1일 |
| | | giene, Disinfect Surfaces, and Mask Use |
| | | fore Event: |
| | | THICK THOUSANDS CHARLE OF CHICAGO |
| | | Know Threat Status of Guests |
| | | · · · · · · · · · · · · · · · · · · · |
| | | , p |
| | | |
| | | Develop a Bathroom Plan |
| | | Prepare Bathroom - Optimize Ventilation |
| | | Maintain Kitchen Hygiene |
| | Du | ıring Event: |
| | | Convene Holiday Huddle with Guests |
| | | Opening Prayer |
| | | Describe Safe Family Bubbles |
| | | Review Four Safety Pillars |
| | | Protect At-risk Guests - Apply the Pillars |
| | | Provide Restroom Plan |
| | | Describe Eating Plan |
| | | Summarize Clean Up Plan |
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| | _ | |

Top 10 FAQs for Fall of 2022



- Quarantine & Isolation what's the latest?
- 2. Testing what test and when?
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✓ Medical Power of Attorney





- **✓ Medical Power of Attorney**
- **✓ Smartphone ICE Notification**

✓ Medical Power of Attorney



Smartphone ICE Notification



- **✓ Medical Power of Attorney**
- **✓ Smartphone ICE Notification**
- **✓ Know Emergency Providers**

Medical Power of Attorney



✓ Smartphone ICE Notification



Know Emergency Providers



- **✓ Medical Power of Attorney**
- **✓ Smartphone ICE Notification**
- **✓ Know Emergency Providers**
- ✓ Medical Record Access

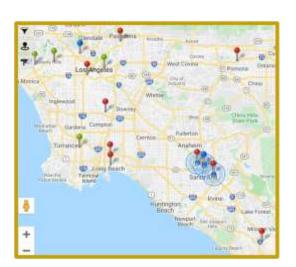
Medical Power of Attorney



Smartphone ICE Notification

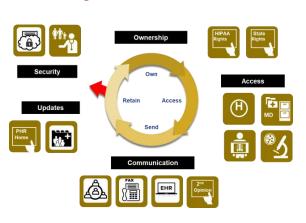


Know Emergency Providers



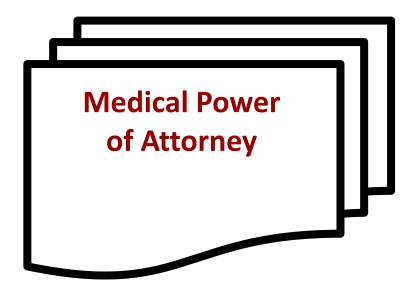
✓ Medical Record Access

The 5 Rights of Medical Records™



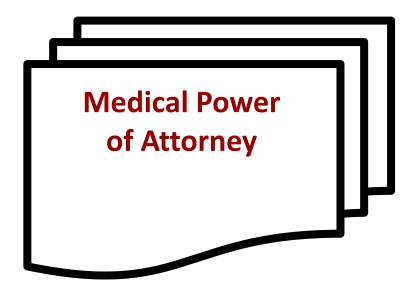
- **✓ Medical Power of Attorney**
- ☐ Smartphone ICE Notification
- ☐ Know Emergency Providers
- ☐ Medical Record Access

- **✓** Medical Power of Attorney
 - Over 18 Years of Age Parents Out
 - The Immunocompromised
 - Seniors



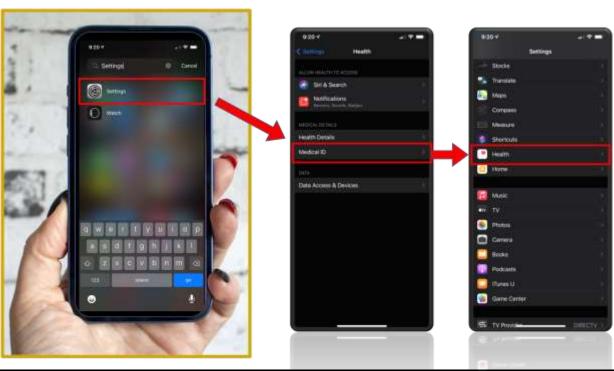
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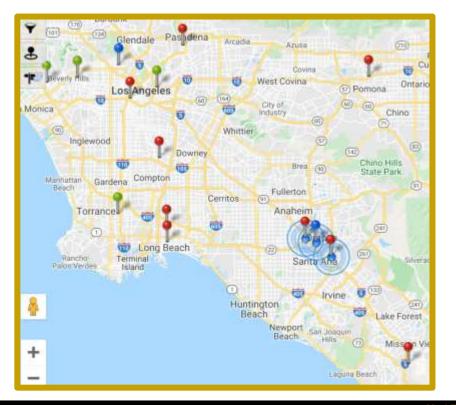
- ✓ Medical Power of Attorney
- **✓ Smartphone ICE Notification**
- **☐** Know Emergency Providers
- Medical Record Access

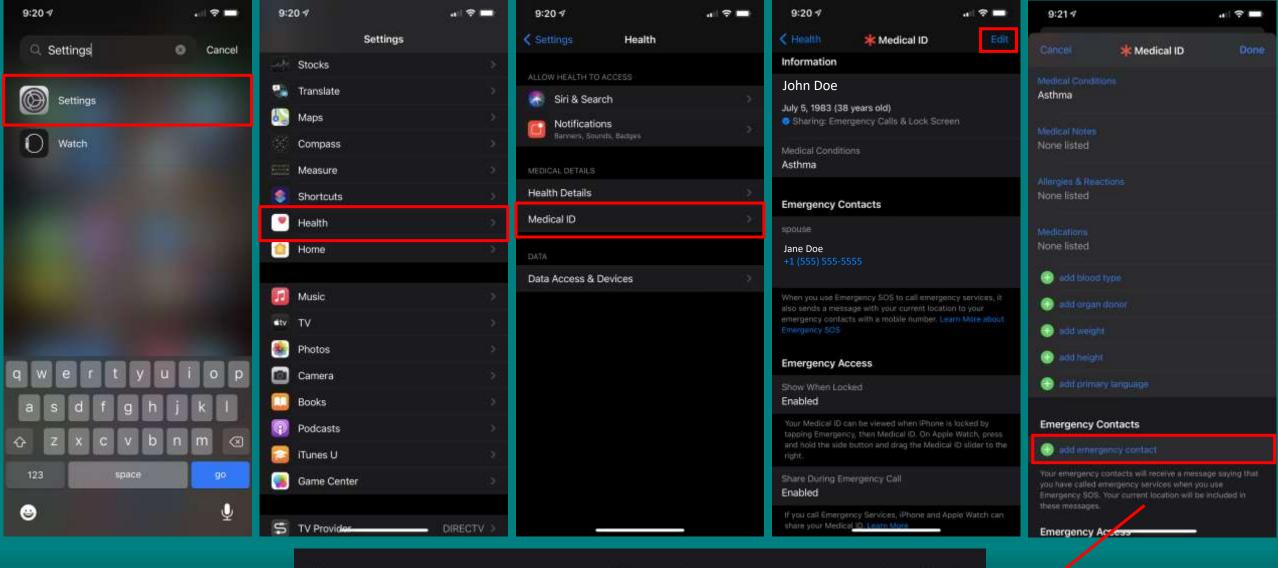
- **✓ Smartphone ICE Notification**
 - Record In Case of Emergency Contacts
 - Set ICE to be automatically notified
 - Train everyone to dial 911 with victim's phone



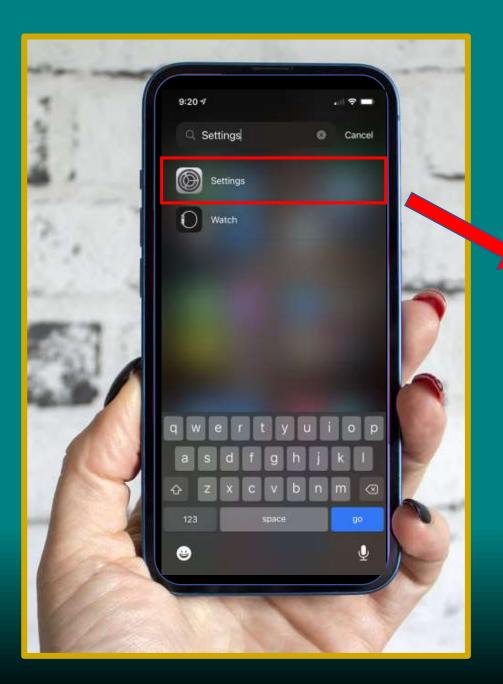
- ✓ Medical Power of Attorney
- **✓** Smartphone ICE Notification
- ✓ Know Emergency Providers
- ☐ Medical Record Access

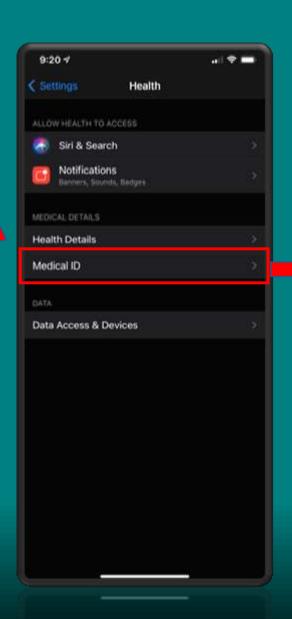
- **✓ Know Emergency Providers**
 - Level I Trauma Centers
 - Best Emergency Providers near Home
 - Best Emergency Providers on Trips

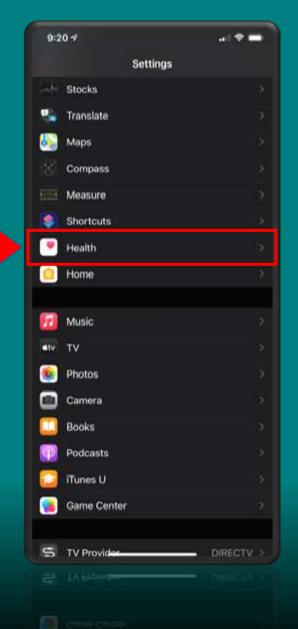




Your emergency contacts will receive a message saying that you have called emergency services when you use Emergency SOS. Your current location will be included in these messages.







9:20 **∜ C** Health ***** Mel

John Doe

July 5, 1983 (38 years old)
Sharing: Emergency Calls

Medical Conditions

Asthma

Emergency Contacts

spous

Jane Doe +1 (555) 555-555

When you use Emergency SOS also sends a message with you emergency contacts with a mo Emergency SOS

Emergency Access

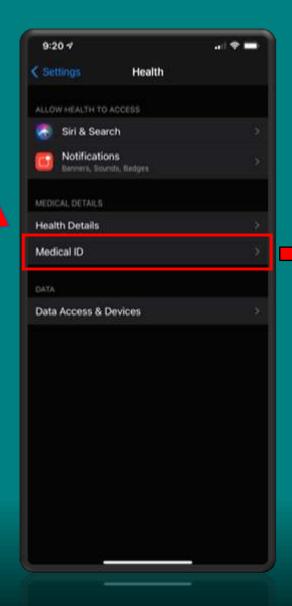
Show When Locked

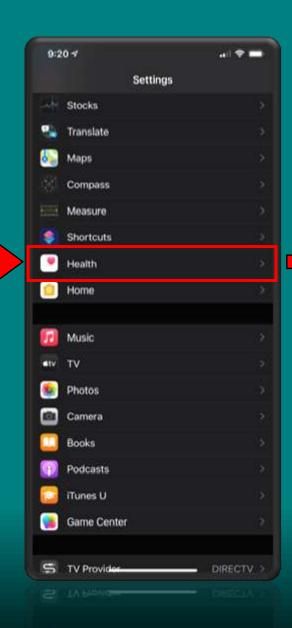
Enabled

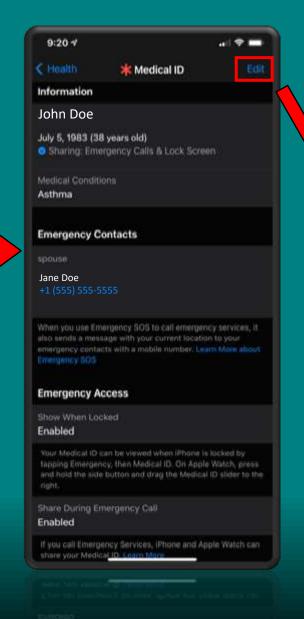
Your Medical ID can be viewed tapping Emergency, then Medi and hold the side button and di right.

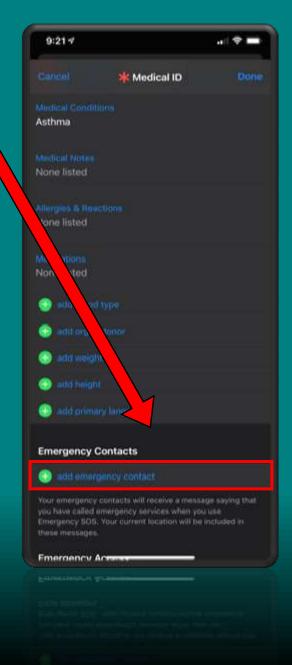
Share During Emergency Co Enabled

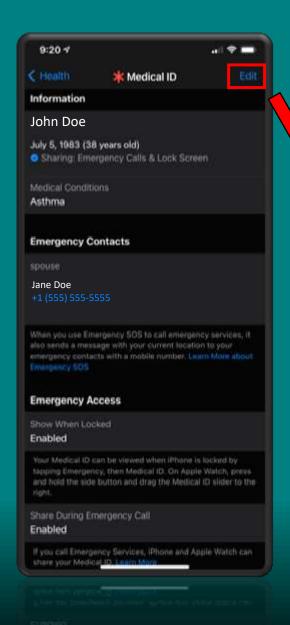
If you call Emergency Services share your Medical D. Learn V

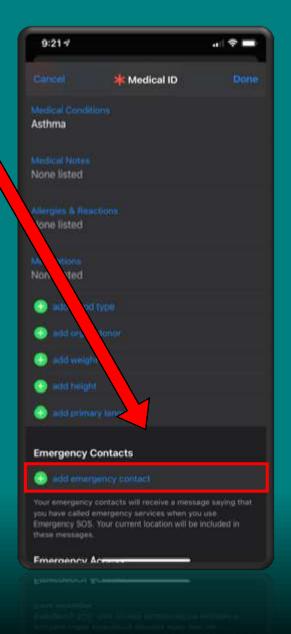












Your emergency contacts will receive a message saying you have called emergency services when you use Emergency SOS. Your current location will be included in these messages.



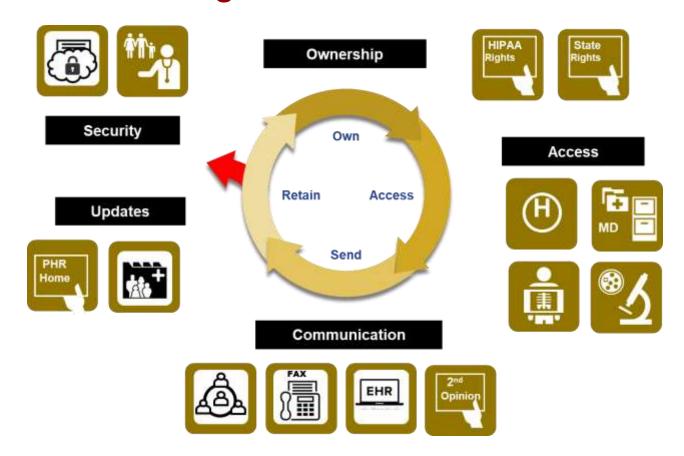
t add emergency Contact

Your emergency contacts will receive a message saying that you have called emergency services when you use Emergency SOS. Your current location will be included in these messages.

- ✓ Medical Power of Attorney
- **✓** Smartphone ICE Notification
- ✓ Know Emergency Providers
- ✓ Medical Record Access

✓ Medical Record Access

The 5 Rights of Medical Records ™



Top 10 FAQs for Fall of 2022





- 2. Testing what test and when?
- 3. Masks who, what, and when do I use them
- 4. Vaccinations what do I do now?

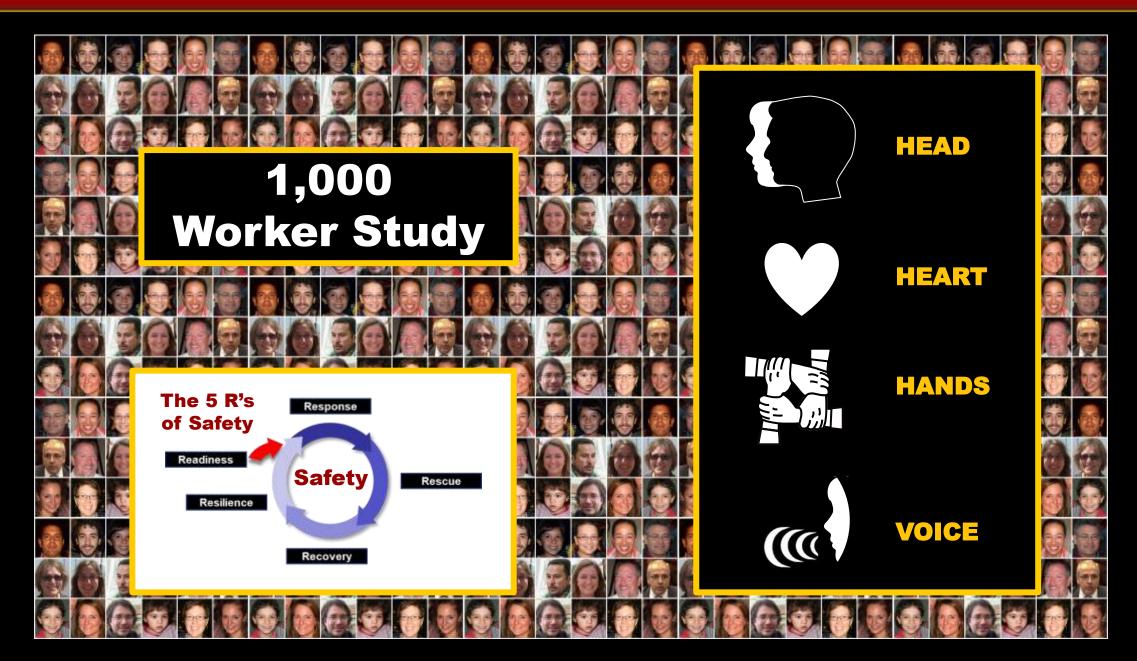


- 6. Kids & Youth- what's the latest?
- 7. College Students what are the unique threats?
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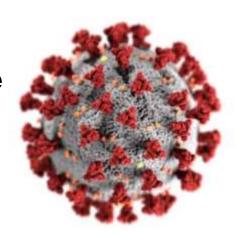


The Next Normal: Our Family Safety Plan



Gregory H. Botz, MD, FCCM

Professor of Anesthesiology and Critical Care UT MD Anderson Cancer Center, Houston, TX Adjunct Clinical Professor, Department of Anesthesiology Stanford University School of Medicine, Stanford, CA



Family Health Safety Plans

Readiness: Preparation, regular review, and updating of a plan based on the latest science. Regular deliberate practice of roles and skills each family member undertake.

Readiness

Resilience

Resilience: Fortify response, rescue, and recovery actions in plan. In law enforcement and healthcare, we call this "target hardening".



Response: Family moves to action to respond to an emergency. Safeguards are put in place. The family may respond to a member being infected or exposed to someone infected.

Rescue

Rescue: Regular deliberate practice of roles and skills to take a loved one to the Emergency Department if they have severe symptoms. This means having records and medications ready go with the patient.

Recovery: Follow up care of the family member after an event. Returning to normal family activities after a family member is infected and isolated, hospitalized, or under quarantine."

THE UNIVERSITY OF TEXAS

MD Anderson Cancer Center

Family Rescue R&D























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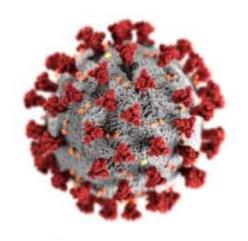


Message to Families – An Update for Fall of 2022



Christopher Peabody MD MPH

Associate Professor
Emergency Medicine
Director Acute Care
Innovation Center
University of California
San Francisco



Video 6 Minutes

Video Library

Med Tac Story

Med Tac Leadership Team

Adopt a Cove Program

5 Rights of Emergency Care

College and Youth Program

Surf & Lifeguard Program

3 Minutes & Counting Trailer

Opioid Overdose Briefing

The 5 Rights of Emergency Care™

Test

Monitor Diagnose

Treat











Right Discharge

















Right Diagnosis











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CareUniversity®







Certificates for Med Tac Program







Top 10 FAQs for Fall of 2022



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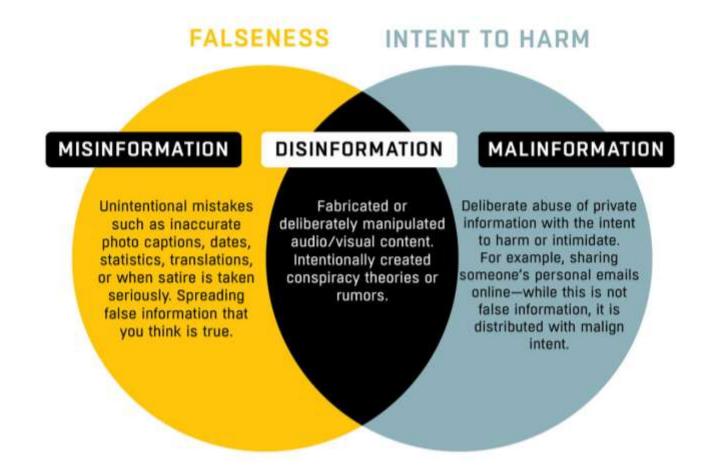


The Narrative and Competing Narratives



The NARRATIVE is the story that is told that makes sense of a version of the facts that support the argument made by an organization or individual. Attorneys will take advantage of the existence or absence of documentation to support their clients. It is critical that patients manage their medical documentation and supplement it to protect themselves.





Turn the Science into Safety, M



MISINFORMATION

Unintentional mistakes such as inaccurate photo captions, dates, statistics, translations, or when satire is taken seriously. Spreading false information that you think is true.

DISINFORMATION

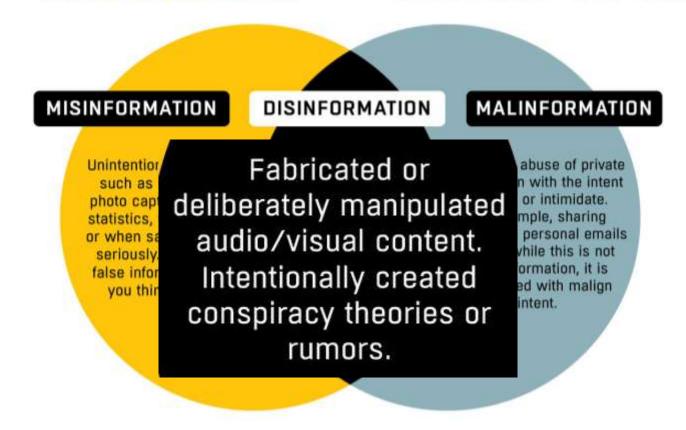
Fabricated or deliberately manipulated audio/visual content. Intentionally created conspiracy theories or rumors.

MALINFORMATION

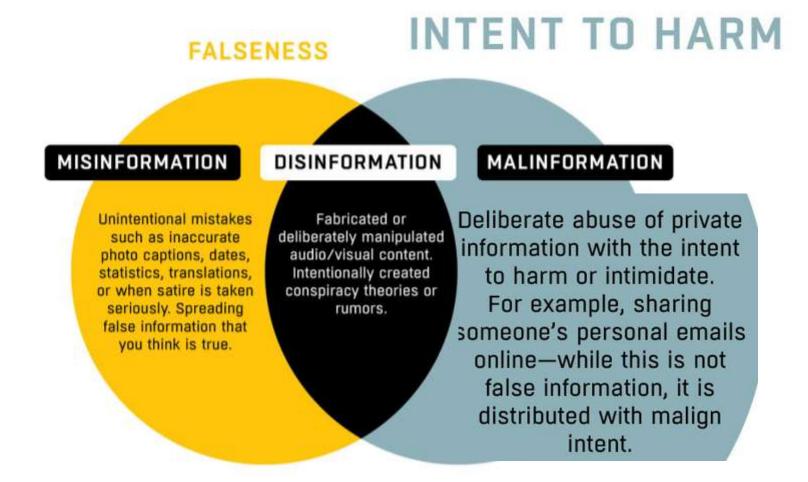
Deliberate abuse of private information with the intent to harm or intimidate. For example, sharing someone's personal emails online—while this is not false information, it is distributed with malign intent.

Turn the Science into Safety, ...

FALSENESS INTENT TO HARM



Turn the Science into Safety,



Turn the Science into Safety,,



Coronavirus Care Community of Practice

CareUniversity Series

Speakers & Reactors



Jennifer Dingman



Bill Adcox



Dr. Gregory Botz



Dr. Christopher Peabody



Charlie Denham III



Jennifer Dingman



Randy Styner



Heather Foster RN



David Beshk



Dr. Charles Denham

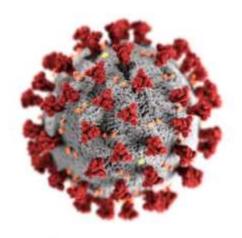


Voice of the Patient



Jennifer Dingman

Founder, Persons United Limiting Substandard and Errors in Healthcare (PULSE), Colorado Division Co-founder, PULSE American Division TMIT Patient Advocate Team Member Pueblo, CO



Fight the Good Fight...

Finish the Race...

Keep the Faith...

Everyone is a Patient

and

Everyone CAN BE a Caregiver

Additional Resources

High Impact Care Hazards to Patients, Students, and Employees



https://www.medtacglobal.org/



Bystander Care Training is a critical need in all communities. The preventable deaths we see in the news are the tip of the iceberg. Our program is a Good Samaritan support system to help everyone learn life-saving actions that will save lives.

High Impact Care Hazards are conditions that are frequent, severe, preventable, and measurable. We have identified the leading causes of death that strike children, youth, and those in their workforce years. We provide evidence-based bystander care training that can have the greatest impact.

Bystander Rescue Skills are the competencies that bystanders can learn that will save lives in the few precious minutes before the professional first responders arrive. Such behaviors can be learned by children, adults, and entire families. We have programs for children, adults, law enforcement, educators, lifeguards, and caregivers.

MedTac is the only integrated program addressing the top causes of death of otherwise healthy children, youth, and adults in the workforce. Med Tac partners with terrific on-site trainers from great organizations who are already in the community.

High Impact Care Hazards to Patients, Students, and Employees



Cardiac Arrest

Choking & Drowning

Opioid Overdose

Anaphylaxis

Major Trauma

Infections

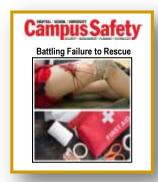
Transportation Accidents

Bullying

Active Shooter Healthcare Article



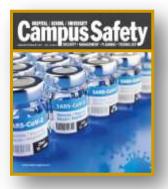
Rapid Response Teams Article



AED & Bleeding Control Gear Article



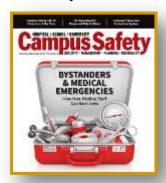
Family Safety Plan Article







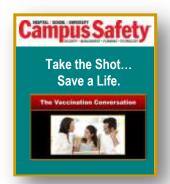
Med Tac Story Article



A Medical-Tactical Approach undertaken by clinical and non-clinical people can have enormous impact on los of life and harm from very common hazards:

- High Impact Care Hazards are frequent, severe, preventable, and measurable.
- Lifeline Behaviors undertaken by anyone can save lives.

Take the Shot...
Save a Life



High Impact Care Hazards to Patients, Students, and Employees



https://www.medtacglobal.org/



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The Solution: **Bystander Rescue Care**

Cardiac Arrest

Choking & Drowning

Opioid OD & Poisoning

Anaphylaxis















Major Trauma



Infection Care



Transportation



Bullying



The Solution: Bystander Rescue Care

Cardiac Arrest





Sudden Cardiac Arrest: There is an epidemic of SCA with one quarter of the SCA events in children and youth occurring at sporting events. CPR and AED use have a dramatic impact on survival.

Possible Lives Saved in the US: 2 every hour and 3 children per day at a sporting event – 25% of SCA deaths in children occur at such events.

Choking & Drowning





Choking: More than 100,000 lives have been saved with the Heimlich Maneuver. Most choking deaths are preventable.

Possible Lives Saved in the US: 13 per day

<u>Drowning</u>: By population, drowning and near drowning events are very common. Since much of the OC population is near water, the numbers are likely much greater.

Possible Lives Saved in the US: 8 per day

Opioid OD & Poisoning



Opioid Overdose and Poisoning: An exploding opioid OD crisis is gripping our nation with a great toll on families. Narcan opioid reversal agents, rescue breathing and positioning, and rapid EMS response saves lives. Awareness drives prevention.

Possible Lives Saved in the US: There are 197 OD deaths per day. Up to 8 lives may be saved per hour.

Anaphylaxis





Anaphylaxis & Life Threatening Allergies: Many events are unreported; however 22% occur in children without a prior diagnosis of allergies. More than one in twenty adults will have an anaphylactic event in their lifetime. Epinephrine auto-injectors save lives within minutes.

Possible Lives Saved in the US: 1 per day

Major Trauma



Major Trauma & Bleeding: Bystander care especially for major bleeding using Stop-The-Bleed techniques of wound pressure, bandages, and tourniquets can have an enormous impact on survival.

Possible Lives Saved in the US: 1 per hour

Infection Care



Infection Care: Epidemics, pandemics, and seasonal infections are a leading cause of death. Prevention, preparedness, protection, and performance improvement strategies and tactics are critical to save lives and inform all Med Tac efforts. They are a feature of all Med Tac Bystander Rescue Care.

Possible Lives Incalculable

Transportation



Non-traffic Related Vehicular Accidents: The incidence of non-traffic related drive-over accidents near schools and home is greater than 50 per week. More than 60% of the drivers are a parent or friend.

Possible Lives Saved in the US: Including adults, there are 1,900 deaths per year; many are preventable.

Bullying



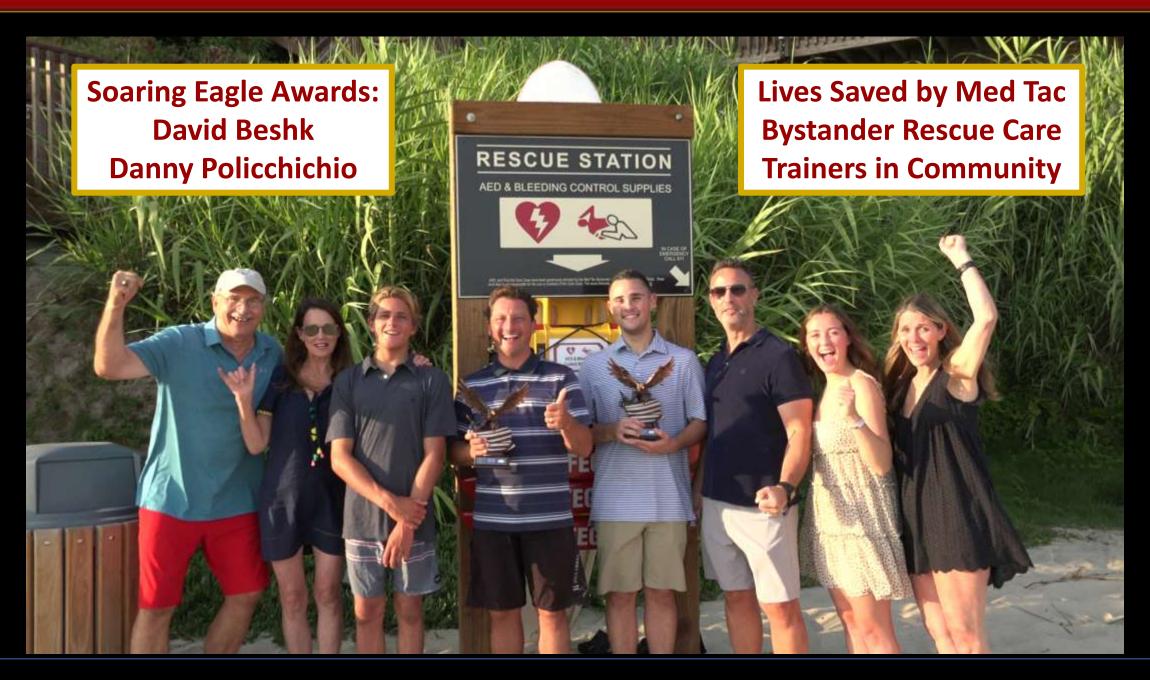
<u>Bullying & Workplace Violence</u>: Bullying and abuse of power in schools and at work can lead to suicide, workplace violence, violent intruders, and active shooter events.

Possible Lives Saved in the US: Difficult to estimate, however the consensus is that they are likely to be very significant.

Med Tac Rescue Stations











Rescue Station Stand:

- Treated Wood
- Stainless Steel and Bronze Cleats
- Aluminum Signage
- Quick Release Bungie
 Cords for easy access

Rescue Gear:

- Dedicated 911 phone
- Soft Rescue Tubes
- Rescue Surfboard
- Spine board



Care Case:

- AED
- Stop the Bleed Kits
- CPR Rescue Masks
- COVID Safety Gear

Approved by Advisors:

- OC Lifeguards
- Laguna Beach Lifeguards
- Emergency Medicine MDs
- Critical Care MDs
- Infection Control Experts



Med Tac Rescue Station Sites



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COVID-19 and Adult CPR

If an adult's heart stops and you're worried that they may have COVID-19, you can still help by performing Hands-Only CPR.



Step 1



Phone 9-1-1 and get an AED.

Step 2



Cover your own mouth and nose with a face mask or cloth.

tep Z



Cover the person's mouth and nose with a face mask or cloth.

Step 3



Perform
Hands-Only CPR.
Push hard and fast on
the center of the chest
at a rate of 100 to 120
compressions

per minute.

Step 4



Use an AED as soon as it is available.

KJ-1424 4/20 © 2020 American Heart Association

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SAVE A LIFE. GET NALOXONE.

Naloxone stops an overdose caused by opioid pain medication, methadone or heroin.

People at risk for overdose and their family and friends can learn to spot an overdose and respond to save a life. To get naloxone, present this card to the pharmacy staff.



MULTI-STEP NASAL SPRAY

DIRECTIONS: Spray 1 mL (half of the syringe) into each nostril.

NO BRAND NAME/GENERIC

COST: \$-\$\$



NASAL SPRAY

DIRECTIONS: Spray full dose into one nostril.

BRAND NAME: Narcan

COST: \$\$\$



INTRAMUSCULAR INJECTION

DIRECTIONS: Inject 1 mL in shoulder or thigh.

NO BRAND NAME/GENERIC

COST: \$-\$\$



AUTO-INJECTOR

DIRECTIONS: Use as directed by voice-prompt. Press black side firmly on outer thigh.

BRAND NAME: Evzio

COST: \$\$\$5° Coupons available, see evzio.com for more info

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FOR ALL PRODUCTS, repeat naloxone administration after 2–3 minutes if there is no response.

Most insurance will cover at least one of these options, or you can pay cash. All products contain at least two doses

Used with permission from Boston Medical Center

For more on opioid safety, videos on how to use naloxone, or to get help for addiction, go to PrescribetoPrevent.org



CareUniversity

A © TMIT Global 2021

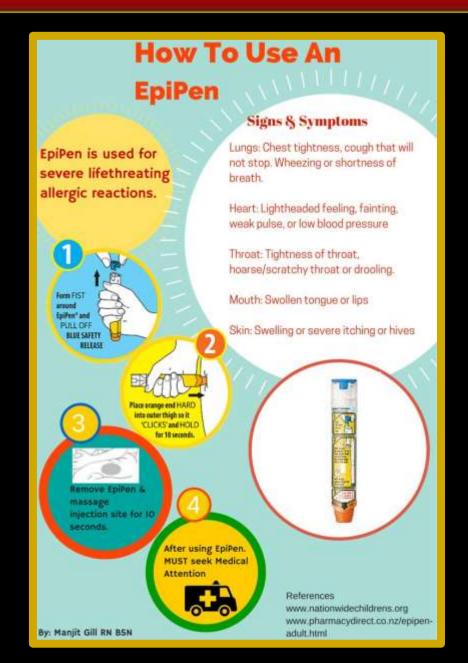
Med Tac Bystander Rescue Care

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Clean A Cut – Save A Life: The pathogens of today are very resistant to antibacterial agents and can progress to life-threatening sepsis. So minor cuts and scrapes must be treated immediately and watched closely. Such wounds need to be cleaned quickly, only with soap and water. Alcohol or hydrogen peroxide will harm healing and they harm the infant cells critical to closing the wound.

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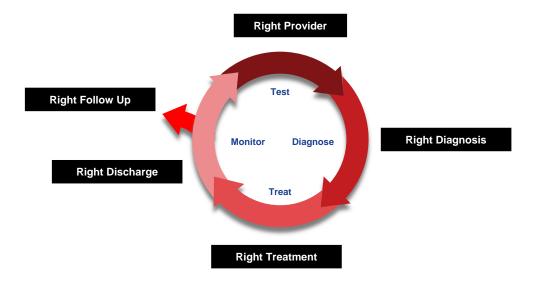
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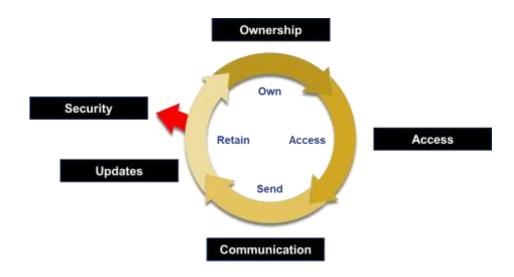


The 5 Rights Frameworks

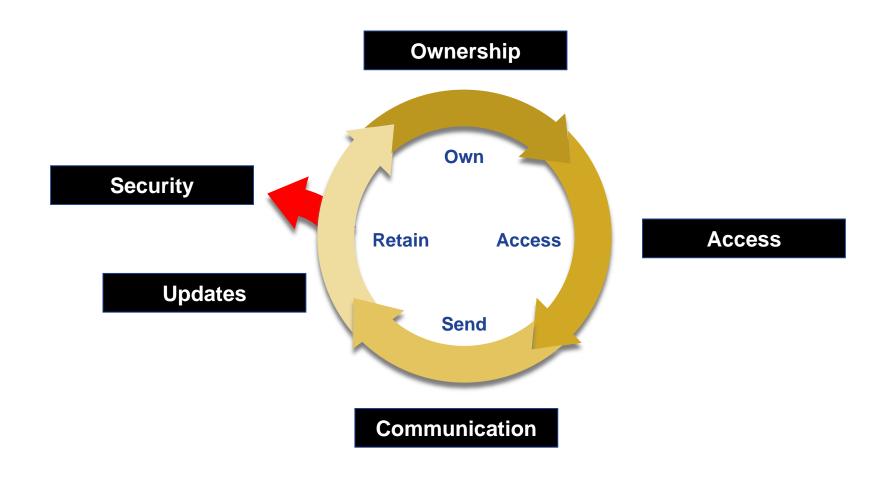
The 5 Rights of Emergency Care™

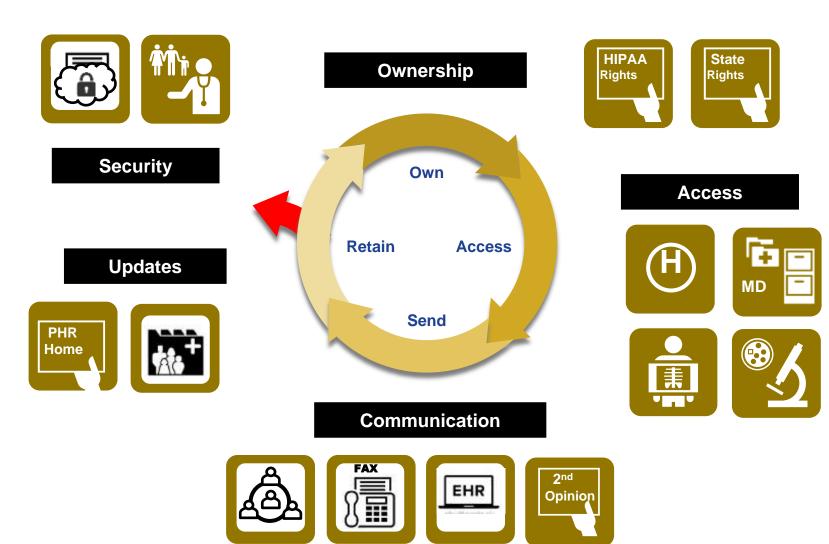


The 5 Rights of Medical Records™



© C Denham 2021



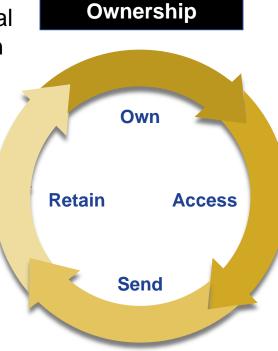


Security: Insurance fraud is a major source of errors in medical records. Disruption of medical facility record access due to ransomware is an issue for both inpatients and outpatients.

Security

Updates

Updates: Accurate and timely updates to medical records including tests and medication lists are critical to safety.



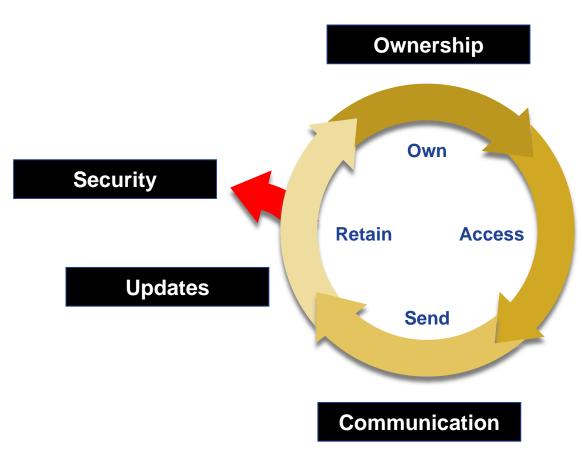
Ownership: Patients are entitled to the ownership of a copy of their medical records. Providers often presume since they are the owners of the records that they do not need to provide them to patients and families.

Access

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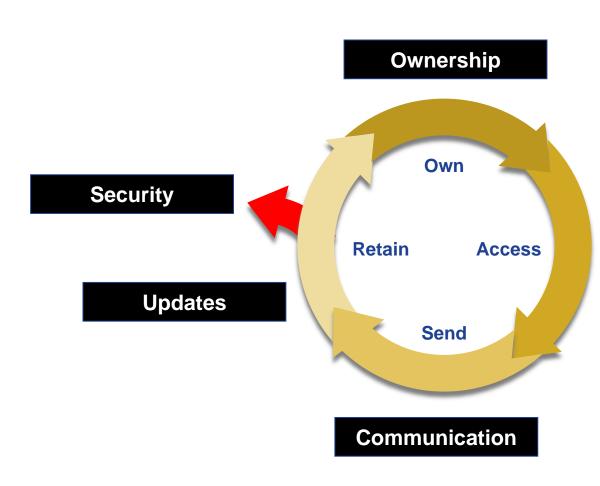
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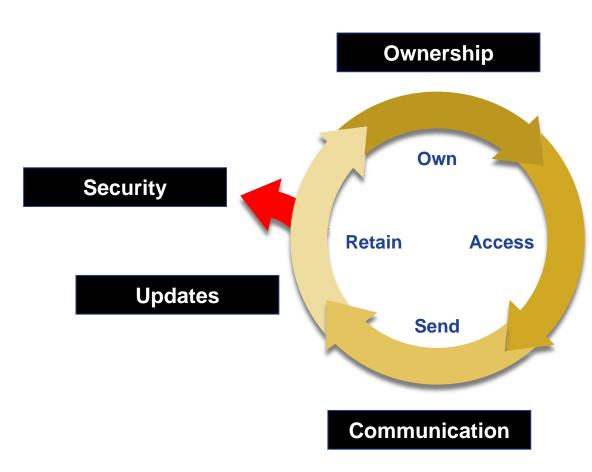
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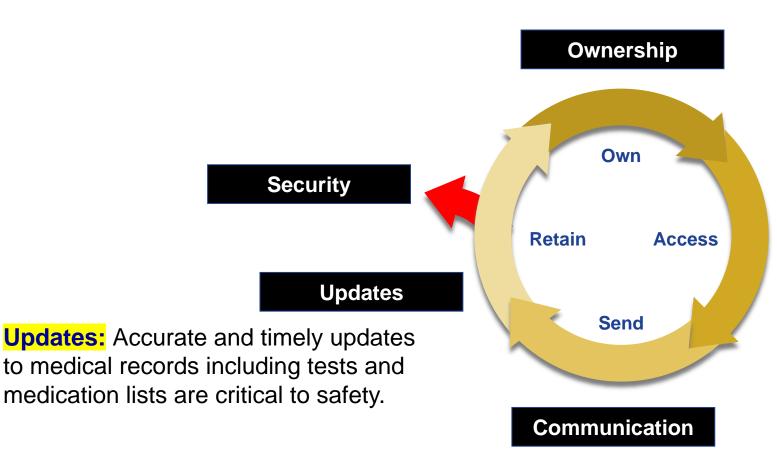


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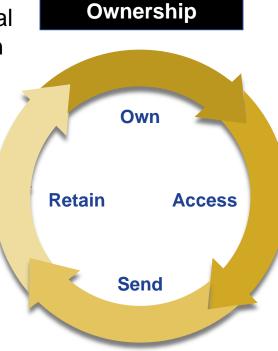
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